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ORIGINAL DEPARTMENT.

Lectures.

LECTURES ON CHOLERA.

By PROF. ALONZO CLARK, M.D.

(Being a full synopsis of Lectures on Cholera, recently delivered at the COLLEGE OF PHYSICIANS AND SURGEONS, New York, and specially reported for the MEDICAL AND SURGICAL REPORTER.)

II.

Phenomena of Cholera.

Having considered the pathological appearances of cholera after death, our attention will next be directed to the phenomena which characterize the disease in its inception and progress.

The first fact to be noticed is *diarrhœa*. In enumerating the symptoms of the disease, all observers agree that *diarrhœa* is present in the great majority of cases, commencing generally before the occurrence of any of the other symptoms, and continuing for a certain number of hours, days, or weeks, varying in different epidemics and persons, according to probable influences of climate, habits, mode of living, and individual idiosyncracies. This *diarrhœa* is not to be confounded with ordinary *diarrhœa*.

During the prevalence of an epidemic of cholera, a large number of persons are usually affected by it. In many, after continuing for a length of time, it terminates in the full development of the disease, while in others, it finally passes away without the accession of other symptoms. It may or may not be looked upon as a part of the disease. For all practical purposes, however, it may be so considered. It is either painless, attended with gurgling of the intestines, at other times accompanied by colics. The character of the discharge is usually, at first, what is commonly called bilious, that is yellowish, supposed to contain bile. But as it approaches the period when the other symptoms begin to appear, a change occurs, presently to be noticed. The number of discharges that precede an explosion of cholera varies considerably. Frequently, there are not more than two or three in twenty-

four hours; while at other times as many as twenty, and continuing for days or even weeks. Nothing, however, contained in the discharges of this initiatory *diarrhœa* has been found to be characteristic of the disease.

As the other symptoms approach, a change is observable from the more natural appearance of the discharges. From yellow, they become opaline, serous, like rice-water, and very soon or simultaneously with this, the *diarrhœa* itself becomes more violent, and *cramps* and *vomiting* set in. So prominent are these three phenomena, that the nearest definition, perhaps, which may be given of the disease is, that it is characterized by purging, vomiting, and cramps. Purging is almost constant, vomiting and cramps general.

We have then arrived at cholera fully developed, and if the *diarrhœa* is included, which is generally present for a longer or shorter space of time before the incursion of the other symptoms, the disease may be divided into four stages:

First stage—characterized by simple *diarrhœa*.

Second stage—characterized by violent *diarrhœa*, vomiting, and cramps.

Third stage—characterized by collapse.

Fourth stage—that of reaction and the occurrence of typhoid symptoms.

In regard to the duration of *diarrhœa*, the following facts are presented, which were collected at the beginning of an epidemic. The *diarrhœa* lasted before the occurrence of other symptoms:

In one case $2\frac{1}{2}$ hours, 10 evacuations; in another, 2 days; in another, there was no *diarrhœa* until the cramps occurred; and then only four evacuations before collapse; in another, none until cramps set in, when it became very severe; in other cases, it lasted respectively 10, 2, 2, 30, 36 hours, $2\frac{1}{2}$ days, and 3 weeks. Dr. BUZL, physician to one of the cholera-hospitals in New York during the prevalence of an epidemic, calculated the average duration of the *diarrhœa* in 469 cases as 3 days and 6 hours.

At about the time when cramps and vomiting set in, two other phenomena make their appearance, namely, suspension of the *urinary secretion* and a marked change in the *voice*. In the above cases, suppression was noticed at the time when the purging became violent, in 8 cases; there

was little suppression of urine in 3, and none in one case. The voice in these same cases changed from the first appearance of severe diarrhoea.

In regard to the *vomiting*, the material usually at first ejected, consists merely of the contents of the stomach, of food which has been retained in the organ for some time. But frequently soon after, the ejections assume much of the nature of the evacuations from the bowels, like rice-water, thin, greenish or dark green, varying according to circumstances. In about one-half of the cases above referred to, the vomited matter was tasteless, while in the other half it had a bitter taste. In two of these cases there was no vomiting. The time of the beginning of vomiting in these cases was as follows: In one it commenced with the diarrhoea and cramps; in two cases, from one to two hours after the diarrhoea; and in ten cases, with the cramps.

The *cramps* are associated with this, the more violent stage of the disease. They begin in the inferior extremities in the greater number of cases, soon passing to the whole body; in a few instances, they are confined to the lower extremities entirely; they are known to have commenced sometimes in the fingers and toes, and thence to have gradually involved the rest of the muscles. They continue generally during the diarrhoea, but frequently cease in collapse. In a good many cases they are terribly painful, yet in some they are slight. But, as a general rule, they may be considered as the chief source of suffering of cholera patients.

Collapse generally follows the diarrhoea, and consists in these associated facts: *first*, a very marked feebleness of pulse, or pulselessness of the wrist, while the heart is found to beat yet with considerable force; *secondly*, coldness and lividness of the surface and prostration.

The *coldness* of the skin is usually noticed as beginning on the nose; here, and in the tongue, it is first recognized; then in the feet, legs, hands, and face, in succession, and the arms, thighs, breast, chin, as the disease advances. A noticeable fact in regard to this decrease in the temperature of the body is that the surface of the abdomen often remains warm.

Lividity of the surface occurs nearly in the same order; first in the lips, then in the face, under the nails of the fingers and toes, the surface of the breast, then over the whole body. Generally, with the coldness of the skin there is found a considerable degree of moisture or dampness over the whole surface, though in a few cases it remains dry and cold. The breath also is very frequently observed to be cold.

The *pulse*, though it sometimes reaches a figure as high as 130 per minute, usually is not found much accelerated, being about 85; but as the disease advances, it is apt to grow less frequent. The respiration is frequent, and occasionally there is a great deal of dyspnoea. This may have given rise to the term cholera "*asphyxia*." The respiration is almost always nearly double in frequency; while from 16 to 18 respirations per minute constitute the normal standard, their frequency has been noticed, in a number of cases observed in succession, respectively as 34, 34, 28, 24 per minute; it is almost entirely costal.

Associated with all this is an unnatural and violent *thirst*, the patient drinking, if allowed to do so, almost without limit.

At the *epigastrium*, the patient has a sense of great distress, occasionally a burning sensation, at other times merely a sensation of weight. In connection with this, it may be mentioned that, while the whole of the body may be cold, the patient often has a sensation of burning in his arms and hands, and will, on this account, throw them about from the bed-clothes, constituting another striking feature of the disease.

As collapse advances, the patient assumes a cadaverous look, his hands and feet, especially on the palmar surface, become shrivelled; a sense of deep prostration, often beyond description, seizes him and becomes extreme. When the skin of the neck is pinched up into folds with the fingers, in noticing the rapidity with which it returns to the normal state, it is found to return to its normal position quite slowly, and this want or loss of elasticity of the skin has been spoken of as one of the characteristic features of true cholera; it is certainly a striking, though unimportant fact.

Although the patient is weak, and may give little evidence of mental activity, on account of the great prostration, the intellect is generally preserved throughout. In certain cases, however, marked, as has been indicated previously in discussing the post mortem appearances, by much congestion and sometimes effusion in the brain, we find decided somnolency and even coma. Some of the patients complain of tinnitus aurium, but this is an unfrequent symptom. In the deeper stages of collapse, the pulselessness is often absolute, the heart-beats are becoming more feeble, the cadaverous look becomes more intense, there is little or no mobility, the eyes become sunken, the aphonia becomes absolute, vomiting, cramps, and purging cease, and death closes the scene.

Premonitory diarrhoea. Perhaps one of the most practical questions connected with the symptoms of cholera is, whether there is always a preliminary or premonitory diarrhoea, a question which has been made the subject of considerable controversy. Dr. HUTCHINSON, of Brooklyn, has published in the *New York Journal of Medicine*, a detailed record of six cases in which there was no preliminary diarrhoea. In all of these cases, the history shows that the other symptoms, vomiting or cramps, were concurrent with the purging, except in two of the cases, where purging commenced from half an hour to an hour before the other symptoms occurred. Dr. McLOUGHLIN, of London, published two papers at different times, in which he strongly opposes the possibility of absence of the premonitory diarrhoea. He says that no reliance whatever could be placed upon the statements of the patients, as he had had ample opportunity of observing. This may be so. Dr. TRASK, in charge of the Westchester Workhouse on the approach of an epidemic, instructed all the inmates and attendants to report at once when any of the inmates were seized with diarrhoea. Yet, he afterward learned that the patients would conceal the fact, not only withholding information themselves, but forbidding their comrades to report to the doctor that they had diarrhoea. It might very well happen, that even the most careful observer could be mistaken in relying upon the patients' or their friends' denial of the existence of the diarrhoea.

Dr. McLOUGHLIN claims that while the cramps constitute the essential characteristic of cholera, the most extensive inquiries and observations made in London by the medical staffs of the various hospitals and others, showed that not a case had occurred in several epidemics which had not been preceded by preliminary diarrhoea. He and other authorities are emphatic in expressing the opinion that a diarrhoea always precedes the outbreak of the disease in an individual. Dr. VACHÉ, in reporting 46 cases which occurred in the Centre street hospital of this city, states that 40 had the premonitory diarrhoea, while 6 had not. When we review all the facts of this wide controversy, it is fair to conclude that cases do occur in which the violent symptoms commence the disease, and looking over the records of past epidemics, you will find a certain number of cases in which there is no reasonable ground to assume the existence of a preliminary diarrhoea, and practically such should these cases of Dr. HUTCHINSON be considered.

Dr. McLOUGHLIN, as has been stated, claims

that cramps are essentially present in every case; a statement which must be considered as too sweeping. In the twelve cases, which have been referred to above, cramps were entirely absent in two. Though very frequent, they are not an essential feature of the disease.

We will now turn to examine a little more closely, some of the fluids in cholera.

Vomiting, or rather the character of the vomit in cholera, is very variable. Sometimes it is green, dark-green, yellowish; at other times it appears more like the alvine, rice-water evacuations. One of the striking features is, that the discharges in cholera are all acid. We should expect it in the stomach, because here the natural contents are such; but none of the discharges have ever been found to be alkaline. Sometimes they have been found to contain albumen; in one case BECQUEREL found 18 parts in 1000, but this is a very large proportion. Chloride of sodium has been separated from the discharges, by the same observer, in the proportion of $2\frac{1}{2}$ to 8 parts in 1000. The great bulk, however, of the discharges consists of water, generally from 950 to 990 parts in 1000, though in one case it has been found to constitute only 931 parts in 1000. Of course the more free from the natural contents of the stomach, the more watery the ejections.

Common salt has been found present in great quantities by Dr. HUTCHINSON,—about $\frac{1}{2}$ to 1 part in 1000. Absolutely this appears a small quantity, but this is owing to the extreme dilution, and really is large. Albumen is but rarely found in the dejections. A French chemist, however, reports that the albuminous element is to be found in form of *albuminose*, by some other tests than heat and nitric acid, and he regards the albuminose as the result of the rapid decomposition of albumen in this disease.

Bile has generally not been found in choleraic evacuations. But Professor PARKES, of London, following the investigations of SIMON, has come to the conclusion that bile is present at all times, except in the height of the disease, but that it exists in a modified form, and he claims that nitric acid and heat together will develop it. He states that he has found the same condition of things in typhoid fever.

An interesting little study has lately been made by Dr. G. JOHNSON, of London, regarding the material which constitutes the foci in the rice-water evacuations. He states that all this flocculent material is epithelium, which appears in flakes or minute scales. He adds that the quantity of epithelium is so large, that there must be a power of reproducing it, and that this

forms probably a means of eliminating the poison. This, however, is theoretical.

The choleraic alvine discharges are found to be either neutral or acid, like those from the stomach. Their color, too, varies like the latter; they are not all rice-water; frequently yellow, or of a darker tinge. In 93 cases observed by Dr. HUTCHINSON, 36 had yellow or mahogany discharges, and it was noticed that these were more fatal than those who had purely rice-water dejections.

In regard to the blood, every one knows that it becomes tenacious, dark, loses its power of coagulating, and increases in specific gravity, owing to the draining away of its watery part. It has been supposed that its saline constituents are similarly diminished with its watery part, but this is doubtful. GARROD has found that cholera blood really contains more saline matter than normal. The normal quantity is about 5.6-10 in a thousand parts, while in cholera it has been shown to be as high as 5.7-10 to 10.7-10 in a 1000. It would seem from this that there is no real ground for the adoption of the saline treatment in the disease.

Another interesting point is, that the blood itself, which is naturally alkaline, becomes neutral, or even acid. A similar fact has been noticed in yellow fever, so noticeably that Dr. BLAIR has been induced to denote the stage in which it occurs, as the stage of acid reaction.

In regard to the quantity of salts present in the discharges, Dr. ROBINSON concludes from his investigations of the subject, that it is greater during the early stages of the disease, and diminishes as it progresses.

During the early stages of the disease, none of the observers who have recorded their investigations have found urea in the blood; but as it advances in collapse, and later, during the periods of reaction and the typhoid stage, it is found increasing, amounting sometimes to 1 and a fraction in 1000. The amount of urea formed in the course of cholera is probably small, on account of the sluggish, feeble, tissue metamorphosis during the disease.

In regard to the urine, it is, as has already been stated, suppressed until reaction occurs. Then it has been found by Dr. BECZIZ, of Edinburgh, to become acid, and to contain albumen in 53 cases of 69; bile was present in the urine in 43 cases of 68, and casts of tubes in 24 of 64, and broken fragments of casts in almost all. All this shows that there is a process going on, which, if continued, would lead to albuminous nephritis, or BRIGHT'S disease. The urea is mark-

edly diminished, but becomes more abundant with the more abundant secretion of urine, as reaction progresses.

Communications..

ISCHURIA RENALIS.

By FLINT L. KEYES, M. D.,

Of Jerseyville, Canada West.

Of all the urinary diseases, ischuria, or suppression of the urine, is the most formidable affection which the physician is called upon to combat, especially when those who are attacked seek too late the assistance of art, or trust themselves to imprudent hands. Fortunately, the disease is unfrequent.

Suppression of the urine, for many years past, has attracted, in a very particular manner, the attention of many of our most eminent and scientific physicians, and several hypotheses as to its nature have been suggested, to be soon abandoned as unpathological. Numerous monographs have at various times been published on this important subject, which have enriched medical science with a variety of curious and interesting cases of great interest, the knowledge of which may conduct to important therapeutical indications. SAUVAGES has defined it under the term of *retention*, but appears to have recognized a distinction between retention and suppression. CULLEN evidently regarded suppression and retention as equivalent terms; while GOOD arranged it under the head of *paruria inops*, and WILLIS preferred the title of *anuria*, both believing this affection to be a complete suspension or abolition of the secreting office of the kidneys, which terms, they think, more perfectly express the distinguishing feature of this disease. However, it is immaterial, as far as pathology and treatment is concerned, what name it may assume, if understood idiopathically and not confounded with retention of the urine, or when a symptom of calculus or other disease. In this paper I have retained the old name, *ischuria renalis*, on account of its being the name most in use in this country.

GOOD, in his *Study of Medicine*, states that Sir HENRY HALFORD, in his short history of this disease, has made remarks which are of too much importance to be omitted. All patients who have fallen under his care were fat corpulent men, between fifty and sixty years of age, and in three of them there was a strong urinous smell in the perspiration twenty-four hours before death. The cases which I am about to relate are quite a different class of patients. Two of them were fe-

males of a nervo-sanguineous temperament and spare habits; the third, a tall bony man, quite thin in flesh; from the tender age of eighteen months up to fifty-five years; the only cases which I have, fortunately, seen and prescribed for in an experience of many years in the medical profession.

The proximate cause probably arises from a highly irritable or morbid state of the renal nerves proper, or a congestion of their neurilemma. Exciting cause, external violence, exposure to cold, a translation of rheumatism or gout, and irritation in teething.

I cannot conceive any necessity for supposing that an idiopathic affection of any other part, whether liver, fever, hydrocephalus, the nerve-centres, the digestive or the assimilating functions, and in fact, nephritis itself, should in anywise produce ischuria. And when suspension of the urine should happen from either of these causes or from calculus in the pelvis of the kidneys, it should be regarded as nothing more nor less than a prominent symptom denoting the serious character of the complaint the patient may be laboring under. The physiological experiments made by MUELLER and PEIPERS go far to bear me out in such a conclusion. They have satisfactorily demonstrated by experiment, that when the renal nerves are destroyed or divided, the secretion of the urine is entirely suspended, notwithstanding the access and egress of the blood to the kidney may be provided for and made as free as ever. KRIMER and NAVEAU found that when the eighth pair of nerves were divided, the urine became albuminous and showed no trace of certain matters conveyed into the stomach. When these nerves were simply irritated or partially compressed by a ligature, the urine became watery and of low specific gravity. And the same thing took place when the great sympathetic nerve was divided in the neck; and in injuries to the brain, KRIMER found the urine altered in its character. These facts are as much as are known concerning the influence of the nerves on the secretion of the urine. Ischuria renalis therefore may be traced to an aberration of the renal nerves; consequently, it should be looked upon as a far less complicated affection than has hitherto been supposed.

CASE 1st. June 20, 1842. Was requested to visit Miss J. S., æt. 16. Her mother's statement was that her daughter had been out on the evening of the 18th and had taken cold, and had not made water but two or three times since, and but little in quantity at each time, none through the night or morning of my call. Was not so

much alarmed at this as at the consequent suppression of her menses; on further inquiry, found nothing of a serious nature from the interruption of the menstrual flow. She complained of no pain nor fever; tongue clean; pulse slow and full: no desire to urinate, nor sense of fulness of the urinary track. Patient was of a slender build and spare habit, the eyes wore a languid expression; urinary smell perceptible. To be sure that this case was suppression, I introduced the catheter and found but a few drops of urine in the viscus. Prescribed jalapæ compositus, ℞ss., to be taken immediately. R. Bitart. potassæ, ℥iv., aquæ, Oijj. Sacc. alb., q. s., M. ft. solutio, to be used freely as a drink.

21st. 10 A. M. Medicine had operated well. No improvement. Medicine to be continued.

22d. 10.30. Medicine had moved the bowels freely; had passed urine a few times, the last time quite a large quantity. Her general appearance was improved, the urinary smell less. The solution to be continued for a day or two, if necessary.

CASE 2d. May 10th, 1850. Mr. A. T., aged 55, a farmer, called to say he wished my advice. Stated that he had not made water for five days. The truthfulness of his story I had no reason to doubt, from the strong urinous smell he carried about him. When in the house it was extremely offensive; yet he was but slightly affected by uræmic poison. At night he was troubled with several liquid stools, none during the day. Had attended to his daily avocation. When at work, sweat considerable but not profuse. He was a tall, bony, lean man. Passed the catheter, found no urine in the bladder, tongue natural, pulse excited a little from his walk. Complained of no pain nor fever, was quite well on the day he discovered that he felt no desire to urinate. R. p. ipecac., ℞j. ant et potass. tart., gr. j. M. ft. Pulv. emet. to be taken, on his return home, at once.

May 11th. Patient had urinated freely, once before the medicine had done operating, and continued to void his water as usual since. Gave him light tonic bitters, to be taken for a few days on account of debility.

CASE 3d. Oct. 4th, 1865. Mrs. P. H., brought her child to me, æt. 18 months, a female. Stated that her child has not passed water for thirty-six hours, to her knowledge. The child was restless at times, eyes heavy, somewhat anæmic from looseness of the bowels for some two or three months, being concomitant with teething. Otherwise saw nothing peculiarly striking in the case. R. ant et pot. tart., gr. j., aquæ, f. ℥j. M. ft. solutio. To

give a teaspoonful every fifteen minutes until emesis should come on, then to be omitted.

Oct. 5th. 7 A. M. Emetic had operated well bowels moved several times. Countenance more expressive; eyes did not show the uræmic poison; had not urinated. The parents much disturbed in mind about the safety of their child, being their only surviving daughter. Examined the gums and found the upper gum tumid over the seat of each canine tooth; lanced them. Used the catheter; not a drop of urine was found in the viscus. Ordered a warm bath to be used immediately; at 8 A. M., to take gr. vi. of calomel, and at 10, to take a teaspoonful of the following mixture: R. potass. iodidi, gr. x., tinct. nucis vom., gtt. xv., aquæ, f. ʒij., sacc. alb., q. s., ft. mistura, and repeat the dose every two hours after.

Called at 4 P. M. Medicine had moved the bowels some three or four times. At 12.30, passed a small quantity of urine, and had urinated twice subsequently. Mixture to be continued in teaspoonful doses three times a day. This child has not been troubled since, and is well at this date.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
October, 1865. }

SURGICAL CLINIC OF W. H. PANCOAST, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Operation for Strabismus, Performed under Peculiar Circumstances.

Isaac S., æt. 25, colored. He says that when eight or nine years of age, while splitting wood, a chip flew up and struck his right eye. A traumatic cataract was the result. In May last he had varioloid, and central opacity of the cornea on the left eye followed an ulcer on its surface. In July last his eyes were both operated on. The cataract in the right was extracted, but the sight has not been restored to it. In the other eye, the only one with which he now sees, an artificial pupil was made. His sight was improved, but is still much impaired, owing to the size of the central opacity.

To obtain any vision at all with the eye, he is obliged to twist his head towards the right shoulder, so as to allow the rays of light to enter on the left side of the opacity. I think I can benefit the patient by an operation which will draw the eye inward and downward so as to expose the clear portion of the cornea, and the artificial pupil behind it, (which you see has been admirably made by my colleague,) directly to the rays of light. To accomplish this I shall perform the operation for strabismus, making, you see, a sub-conjunc-

tival section of the internal rectus muscle. I open the conjunctiva by an oblique incision which allows the effused blood to escape with facility, and the wound to readily heal. I now take up the tendon of the internal rectus with my blunt hook, and cut it with the scissors, taking care to leave a little stump of tendon at the insertion of the muscle. Through this I now pass a delicate needle, armed with silk ligature, and draw the eye, as you can distinctly see, well inwards and downwards. This brings the clear portion of the cornea and the artificial pupil directly in front and in the centre. To keep the eye-ball in this position, I shall now fasten the ligature on the bridge of the nose with adhesive strips.

Dec. 30th, 1865. The patient, as you see, is much improved. The deformity produced by the extraordinary twisting of the head is entirely removed, and he sees far more distinctly, owing to the artificial pupil being now far more in the centre, and the rays of light hence entering readily to a focus.

Stercoraceous Abscesses.

CASE I. Miriam G., æt. 25, colored. Admitted October 20th, from the Pennsylvania Hospital. Her health had always been good till one year ago, when, in shutting a door, she struck herself on the abdomen, near the site of the present opening, which is below, and to the right of the umbilicus.

During the next three months she suffered greatly from pain in the right hip, which gradually extended to the umbilical and hypogastric regions. An abscess now formed, and broke itself, discharging more than a pint of pus, but no feces. Fecal matter was first noticed in the discharge three weeks ago. The bowels were regularly emptied by the rectum till two months ago. Since then the evacuations have been less frequent—there sometimes being an interval of a week between them.

A probe easily passes in at the opening its full length, and a gum catheter goes in about six inches. The discharge is rather thin, and has a strong fecal odour.

CASE II. Ellen G., æt. 85. Sixteen years ago she observed a swelling in the right groin. This caused but little pain. At times it would become very tense, and at others almost disappear. It was pronounced by her physician to be a hernia. Three years after its first appearance—she says without any cause—an external opening appeared. This never healed, but soon began to discharge fecal matter, and has continued to do so ever since. Her bowels are opened in the natural way about once in two weeks. A gum catheter when passed in, came in contact with the intestinal wall, just behind the orifice, but by turning the point a little, the instrument went in its full length.

As a rule, this class of abscesses is more frequent in males than in females. By far the most usual cause is some foreign body, which, lodging in the cæcum or bivalviform appendix, sets up inflammation, which goes on to ulceration, and finally to an abscess. Impaction of feces, or external injury, may give rise to it. When the latter is the case, the starting point is usually in

the cellular tissue of the abdominal walls, and the intestine is involved secondarily. From her history, this seems to have been the case in our first patient. Again, these abscesses may be the result of a strangulated hernia, of which the second is most likely an example.

The symptoms attending the formation of these abscesses are almost always severe. The sympathetic fever is very marked, and the local distress is great. The latter is caused by the great resistance of the tissue to the accumulating pus. There is nearly always great irritability of the stomach. Fluctuation is not easily detected till the disease has existed for some time. The usual seat is in the right iliac region, though they may appear in any portion of the abdomen.

Treatment.—Always evacuate as soon as pus can be detected, but if you suspect the condition previous to this, always try to disperse the inflammation. But how are we to benefit these patients? If I can close this long sinus by forcing the walls together, so as to prevent any discharge of feces, and if I open the bowels regularly every day, I give the track an opportunity to heal, and possibly I may cure my patient. To do this I will take a large thick piece of leather, spread it with diachylon, place it over the sinus, draw it upwards, and force the walls together, thus imitating the formation of a flap to close the opening. I shall hold the leather firmly in position by a compress, and adhesive strips. I will have the bowels opened every morning by a laxative and enemata, and will give her those articles of food which make the least debris, such as rice and rich soups.

Dec. 30th. The patient who came to us from the Pennsylvania Hospital is much improved. No feces have passed by the opening for many days, and very little pus. Her bowels are opened regularly by the natural way. She sleeps well, her appetite is better, and she has gained flesh.

Muriate of Ammonia in Iritis.

Dr. Jos. C. HILDRETH, of Chicago, speaks very highly of the benefits derived from the use of muriate of ammonia in iritis. Its action he sums up as follows:

1. Large doses modify neuralgic pain, congestive cephalalgia, and frequently act as a laxative.
2. Small doses exert an influence on the capillary, glandular, and lymphatic systems, which facilitates dilatation of the pupil, resolution of the inflammation, absorption of exudations, hypopion, etc.
3. It allays nausea, unless the dose be too large, or the stomach very irritable.
4. Fever, coated tongue, and other constitutional disturbances are relieved.
5. It appears to facilitate the action of narcotics, and produces no irritation of the conjunctiva.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

Wednesday Evening, Oct. 25th, 1865.

Cholera—(Continued.)

Dr. L. P. GEBHARD remarked:

At the last meeting of the Society, Dr. NEBINGER read a very interesting paper on the subject of cholera, in which he took a view of our sanitary condition, and the necessity of making use of prompt and decided measures in anticipation of the appearance of this scourge among us, by removing every thing of an offensive and noxious character from our midst, and from our surroundings, which might in the least militate against us, in the production or increase of the disease; recommending that the Board of Health should without any delay pay attention to this subject. He then alluded to some of the causes which were calculated to increase our danger, and took a cursory view of its treatment. The discussions that followed were principally upon what had been done by the Board of Health in anticipation of the previous visitations of that disease, and also the efforts that were now being made by said Board to effect that object, as well as the great difficulties attendant on its accomplishment. The whole evening was thus consumed in eliciting much valuable and interesting information on the subject. In consequence there was little or no time for any other member of the Society to enter into the discussion. Not feeling disposed to permit such an important subject to be dismissed, particularly at this time, without others having an opportunity to participate in it, I propose making a few remarks this evening to reopen this subject for further consideration.

As Dr. N. justly observed, particular attention should be paid to it in a hygienic point of view. Though animal decomposition may be inadequate in itself to generate this disease, still it may be capable of increasing, and even aggravating any affection produced by atmospheric influence, whether cholera or any other infectious disease. How far that principle denominated *ozone*, which is presumed by some to be a peculiar modification of oxygen, in varying its quantity or quality, may operate in the production of this disease, is impossible for us to decide. This poison, which is not cognizable to smell or any other of our senses, is of such a subtle character as entirely to elude the strictest scrutiny of the most intelligent or observing; no instrument having ever been discovered that is capable of measuring its

dimensions, or weighing its extreme refinement, or discerning any difference whatever in its appearance from the atmosphere we breathe. Finite minds are incapable of comprehending such arcanæ as these, which belong solely to the *Disposer* of all events; notwithstanding which, the same power which controls the cause, enables us in some degree to control its effects, by which the extreme danger emanating from it, may not only be abated, but even averted. There are good reasons for believing, that every disease has its appropriate remedy or remedies, which would relieve it, if properly administered. The object then of the physician, is to ascertain what the disease is, what organ or organs it effects, and what remedies are best adapted to act on the affected parts most efficiently. The symptoms attending cholera, clearly indicate that the liver is deeply involved in its production, as well as the chylopoietic viscera generally. It is well known by medical men that mercurials act specifically upon the liver, hence the necessity of their administration in cholera asphyxia. The rice water discharges which so frequently occur in the more violent cases of this disease, evince the complete suppression of the biliary secretions, not a particle of bile entering the bowels.

Permit me for a few moments, to advert to some cases previously communicated to this Society, as they occurred in my practice in this city in 1832. The first case terminated in a state of collapse in seven hours from the inception of the disease; the functions of the liver appeared to be entirely suppressed, as there was no evacuation from the *primæ viæ*, either by catharsis or emesis;—all the fluids of the system took a centrifugal direction to the surface of the body, in the production of a perspiration so extremely abundant, as to destroy life in the very short period above stated;—had the liver continued to secrete bile in this case, it would either have passed through the ductus communis choledochus into the bowels, or if obstructed, would have regurgitated through the different tissues of the body, producing sallowness of the skin, neither of which was apparent.

The same suppression of the biliary secretions evinced itself in another case, where there was no disturbance whatever in the alimentary canal, either *per ore* or *anum*; the great prostration of strength evinced itself by a shrunken countenance, approaching the hippocratic; and no pulsation of the radial artery was perceptible. A half scruple of hydrarg. chlor. mitis was administered, and a few hours afterwards the dose was repeated. The pulse soon returned to the wrist,

the countenance assumed its natural appearance, and within two days the patient became convalescent, before even a single evacuation occurred from the bowels.

The third case was that of a young man of very dissipated habits. A scruple of calomel was administered at one dose. Within a very short space of time, the perturbed state of the whole alimentary canal became quieted, no evacuation, either *per ore* or *anum*, having occurred for more than a day afterwards, and recovery was the immediate consequence. The same suppression in the biliary secretions occurred, as in the former cases, as no appearance of bile was evident from the color of the discharges. A similar attack occurred in the same individual some time afterwards, when the same dose was administered, with the same favorable results.

Other cases, in which vomiting and rice-water dejections, accompanied by prostration of strength, were the prominent symptoms, occurred; in all of which, I found the same mercurial treatment equally successful.

From this and subsequent experience, if I were now called upon to visit similar cases, I should pursue the same course,—with the addition of ol. terebinth. in all cases of great prostration, particularly in the collapsed cases, in which a cold skin, attended with profuse perspirations, predominated. This remedy is a great styptic, being well calculated to arrest the perspiration, and at the same time sustain the system by its stimulating properties. It is far preferable to alcoholic stimulants, inasmuch as it relieves the symptoms and sustains the strength, without producing any undue excitement of the brain. In milder cases, where the impression made upon the liver is weaker, and not sufficient to produce an entire suppression of the biliary secretions, the diarrhoea will be something similar to ordinary diarrhoea, in which a diminished quantity of bile enters the intestinal canal. In such cases, by restoring the biliary secretions to their normal state, the cure is effected. This is readily accomplished by smaller doses of calomel than in the more violent cases.

Different opinions are still entertained by medical men, in relation to the causes and nature of this disease, and different theories founded thereon: the diversity of these theories has produced different remedies, not only to alleviate its symptoms, but also to effect its cure. It appears to me, that the symptoms of this disease are so clear as to admit of no doubt as to its true pathology. If the exposition of the general principles of any science is correct, it is reasonable

to suppose that the practice founded upon such an exposition must be correct also.

My practice in the cholera of 1832, was in exact accordance with the theory that was (as it were) then inaugurated into my mind, as the only just exposition attainable on such an important and vital subject. Let us for a moment examine the foundation upon which this theory is built. The food we eat, after undergoing a digestive process, is formed into a pulp, which being mixed with the supra-diaphragmatic secretions, is called chyme, which continues in this state until it reaches the biliary and pancreatic ducts, which open into the duodenum, when it is gradually formed into chyle; it is then absorbed by the chyloferous vessels, which arise at the mucous surface of the intestines; along these, it passes through the mesenteric glands into the thoracic duct, and thence enters into the subclavian vein; being thus gradually assimilated into a vitalized fluid, it enters into the lungs, and by coming in contact with the atmosphere we breathe, blends itself with it in the decarbonization of the blood, restoring that fluid to its former normal state, so essential to the maintenance of that integrity which gives vigor to the whole human frame. This lacteal fluid is the pabulum that not only nourishes, but sustains and invigorates the whole organism upon which life depends. Let us take the adverse view of the case. The patient is suddenly seized with cholera; all the chylopoietic viscera, including the liver, stomach, intestines, pancreas, and all the chyloferous vessels, become at once deeply involved in the dire calamity; the chyle, if not entirely cut off by the disease, becomes so vitiated as to be incapable of performing its accustomed functions; it is thereby converted into a poison, which meets a deteriorated atmosphere in the lungs, and the decarbonization of the blood is very imperfectly performed; the venous blood losing its vitality in passing from the extreme arterial vessels in its return to the heart, seeks a renovation from the lost or vitiated chyle and deteriorated atmosphere, but receives no response, and venous congestion is the consequence. Such being the fact, how are we to restore the former vitalizing process to a normal state, except by reproducing the vitalized fluid in its pristine state, and how can this be effected so soon, and so efficiently, as by restoring the liver, and all the other chylopoietic viscera to their previously healthy condition? This can be more readily effected by the mercurial plan, than by any other process whatever, as it is the *sine qua non* in all hepatic affections. That venous congestion exists

in the more violent cases, there can be no doubt, as indicated by all the symptoms. In its course, this congestion involves the nervous and every other system in its grasp; still these serious symptoms are only secondary in their nature. By expecting to cure the disease by the application of remedies to the particular systems, we might as well expect to cleanse a foul fountain by operating upon the streams emanating from it. The proper plan is to act on the fountain head, *ab initio*, and then we may fully calculate upon success.

[To be continued.]

EDITORIAL DEPARTMENT.

Periscope.

Excision of Bones; Removal of Entire Humerus and Heads of Ulna and Radius.

In the *American Journal of Medical Science*, Dr. J. B. CUTTER, of Newark, N. J., reports two cases of excision of bones. In the first case, the shoulder-joint had been injured by a minnie-ball, and three days afterward the head and neck of the humerus were removed. About ten days after the operation, an abscess formed at the elbow-joint, which was opened and gave exit to a large quantity of pus. This opening had not closed five months later, when the patient came under Dr. C's care at Ward U. S. General Hospital, and there were other openings in the arm, through which the probe would readily pass, revealing extensive necrosis of the entire shaft of bone and elbow-joint.

Operated July 21, 1864, removing the entire bone, including heads of ulna and radius. The incision made in the first operation was carried down the ulna line of the arm to the forearm, and the bone removed with very little injury to the surrounding parts. No ligatures were required, as the bleeding was completely arrested by the use of cold water. The tubercle of the radius was left, leaving the insertion of the biceps muscle. The lips of the wound were brought together with silver sutures and adhesive plaster, and comfortably supported at a right angle with splints. Union resulted by first intention almost throughout the entire length of incision. Three weeks after operation wound healed completely, and patient moving about.

The carpal, metacarpal, and digital muscles were left powerfully subservient to the will for grasping, holding, and pulling, though there is some paresis of the extensor-carpi digitorum. The arm, forearm, and hand are daily regaining a healthy tone; biceps and deltoid muscles contract strongly, zigzag for lack of fixedness; the entire arm and hand are somewhat atrophied. The arm is shortened one and a half inches, is extremely flexible and ungovernable.

Three months after the last operation, the patient was presented to Dr. E. D. HUDSON, of New

York city, with an order from the Surgeon-General to have an apparatus made and applied. The apparatus is described as follows:

1st. A scapular piece fitted over the shoulder, with an artificial acromion process for a *point d'appui*.

2d. A somewhat spiral humeral case of wood and leather, to fit and encircle the whole arm snugly, to keep the muscles in place and supply fixedness.

3d. An anthrodial joint (oscillatory) to unite the humeral and scapular parts, and extend the arm from the body.

4th. An aponeurotic case for the forearm, extending to the carpal end, to compact and prevent displacement of muscles in flexing.

5th. The ginglymus elbow-joints uniting the humeral and cubital case with greaves; stanchion appendix for tendons.

6th. Representative pectoral and brachial adductors and flexors of rubber webbing attached to the tendons, to draw the arm forward over the chest, and flex the forearm.

7th. Temporary representative extensor carpi digitorum, to antagonize the flexors of the wrist, hand, and fingers, to restore the tone of the extensors.

Result of Treatment. Arm and forearm supported, strong, and reliable; arm oscillates at the shoulder; forearm flexes at will, at a right angle with the arm; holds parcels in his hands, lifts a pail of water perpendicularly, pulls strongly on a horizontal line.

Is improving in the use of his arm. When last seen, he could take an arm-chair and swing it around at an elevation of 45°—almost at a right angle with the body.

Enormous Cancer of the Kidney.

At a recent meeting of the Liverpool Medical Society, according to a correspondent of the *Medical Press and Circular*, an enormous cancerous growth, involving the right kidney, was shown. When removed from the subject, the tumor weighed nine pounds, and on the most careful examination, not the slightest trace of the normal kidney structure could be found. The left kidney was somewhat enlarged and fatty. The urine had been highly albuminous, but though it had been several times examined for cancer cells, none had been found.

Cæsarean Section—Successful Case.

A successful case of Cæsarean section occurred, according to the *Medical Press and Circular*, in the hospital practice of Prof. JACOLUCCI, of Naples. The patient was only 41 inches in stature; dimensions of pelvis: from right to left anterior superior spinous process of ilium, 8 inches; from middle of one iliac crest to corresponding point on the other side, a little less than 2 inches; right sacrocoxyloidean space rather more than 1 inch, left ditto 1 inch. Labor pains having set in, on arrival of Prof. J. the waters had escaped, and cord protruded. Pulsation in the cord becoming gradually more feeble, Cæsarean section, by MAURICEAU's method, was decided on. The abdominal cavity and anterior wall of the uterus

having been laid open, the operator introduced his hand in the direction of the right iliac fossa, in which was found the head of the still living fetus. The loss of blood was considerable. By the retraction of the uterus, the wound in that organ diminished to half its extent. The twisted suture was then employed, and the application of a bladder filled with ice to the abdomen, and cold enemata, constituted the entire treatment during the next three days. The wound in the abdomen united by first intention.

The 13th day after the operation the points of suture were removed, the cicatrization being complete. The lochial discharge and lacteal secretion were established normally; and at the expiration of fifty days the patient left the hospital.

Reviews and Book Notices.

The Student's Book of Cutaneous Medicine and Diseases of the Skin. By ERASMUS WILSON, F. R. S. New York: W. Wood & Co., 1865. 8vo., pp. 445.

It is unfortunate for those students who find in diseases of the skin the *pons asinorum* of clinical medicine, that the leading authority in regard to them in our language has so little genius for simplification. Ten years ago, in the preface to his "Diseases of the Skin," Mr. WILSON advocated his "natural classification" of these diseases, upon a pathological basis; asserting that he had, in it, changed very few of WILLAN's terms, but had endeavored to avoid objections urged against previous artificial arrangements. We supposed that this might last, through his life-time, at least; but now, in giving a "Class-book, founded on British Cutaneous Medicine," he abandons the idea of a natural classification; implying that his own attempt, as well as those of ALIBERT and HARDY, have failed; and gives instead, a "clinical classification," in twenty-two groups.

In this, he has changed considerably his terms, and much of his arrangement. Thus he removes *herpes* from its association with vesicular affections, and puts it with the *bullæ*; *rupia* he locates entirely with the *syphilitic* disorders; *psoriasis* and *pityriasis* he asserts to be only stages of *chronic eczema*. The only true squamous affection he declares to be *alphos*; a term scarcely mentioned in his other work, above alluded to. *Alphos* is a substitute for *lepra*; reserving the latter name for the ancient leprosy. CELSUS applied the word *alphos* to the affection (tuberculo-squamous) so named, now, by WILSON.

Under "*eczematous* affections," this author now includes eczema, psoriasis, pityriasis, lichen, impetigo, scabies, and gutta rosacea. Is not this confusing? We agree with a writer in the *Brit.*

and *For. Medico-Chirurg. Review* (Tilbury Fox, Jan. 1866), that there is a difference between *eczematous* and *non-eczematous* papulæ, pustulæ, and squamæ. WILSON himself admits this (p. 96) in the present work, thus: "By lichen we intend to convey the idea of papulæ, which are dry throughout their existence; all papulæ associated at any period with exudation, should at once be turned over to eczema." If there are dry papulæ, so throughout, as we all know, why should lichen be, by name, called or characterized as an eczematous affection?

Scabies, too, is here called eczematous; although our author fully adopts the belief that it depends for causation upon the *acarus*. This, too, seems to us confusing.

Molluscum, warts (*verruca*), corns (*clavus*), are included under *ecphyma*; a word not in the Index of the treatise of 1846. Two other terms are also introduced which we do not find in that book, viz., *kelis* and *bucnemia tropicalis*; the latter being meant to take the place of *elephantiasis Arabum*.

Lupus is set down as entirely a scrofulous affection. Elephantiasis of the Greeks is regarded as a leprous disease. *Gutta rosacea* is distinguished from *acne rosacea*; the latter only being a follicular disorder.

Under *phytodermic* affections, WILSON ranks trichosis, favus, kerion, sycosis and chloasma. His view of the pathology of these is almost peculiar to himself. He states that they "involve the rete mucosum and epidermis, and present the character of developing a morbid tissue resembling that of a fungous plant or mucedo;" a "phytiform tissue." The foreign origin of the nosophytes, and their actual transplantation or contagiousness, is denied.

WILSON asserts that he has seen the cells of the rete mucosum passing through a stage of growth in which their nuclei are converted into granules; this he calls a degenerative proliferation, or "granular degeneration."

While strongly prepossessed against this view, we must do justice to it by mentioning two arguments of considerable force, which he urges against the common theory. First, that, as he states, these diseases begin not upon, but under the horny epidermis; which, therefore, if implanted from without, the sporule must penetrate. This process WILSON declares to be an impossibility. Secondly, the *symmetry* of chloasma, at least, is very unlike what would be expected of the growth of fungoid vegetations, whose sporules ought to spring up everywhere around the parental centre, as they fall.

As points of general pathology and treatment, WILSON insists much on the general existence of *debility* (nutritive, assimilative or nervous) as the ground-work of all considerable cutaneous diseases. He soothes their inflammatory stages, and endeavors to stimulate their enfeebled and perverted nutrition by various means; using "specific" remedies also where they are available. As a general alterative stimulant in obstinate skin disease, he maintains great confidence in arsenic. For local use a favorite with him is *oleum juniperi pyrolignici*, or *huile de cade*. HERBIA'S preparation, of equal parts of this oil, soft soap and alcohol, is especially recommended, as a local stimulant alterative. A more soothing application, much used by WILSON, is the benzoated oxide of zinc ointment.

Although the term *parasiticide* is not used by him, our author frequently resorts to corrosive sublimate and other mercurial compounds, so called by others.

He regards tincture of chloride of iron as a "specific" in erysipelas; and prefers *lard* to any thing else for local use in that disease.

In carbuncle, he favors a *single* incision rather than a crucial one; mentioning with approval ARNOTT'S plan of *congelation* for anæsthesia of the part at the time of operation. The employment of *potassa fusa* to remove the surface of a carbuncle is also approved. We can speak well of this from observation. *Cancer* of the skin WILSON says should be destroyed early by caustic potash or nitric acid; both of which he prefers to chloride of zinc, as the last is the most painful.

For scarlet fever, the internal use of *carbonate of ammonia* is commended; and in malignant or non-eruptive cases, it is advised to add an ounce of strong solution of ammonia to each gallon of water for a hot bath. This looks like a good suggestion. It originated with Mr. GRANTHAM, of Croyford, England. A formula of Dr. WATSON'S, for internal use in scarlatina maligna, is given: potass. chlorat. $\mathfrak{z}\text{ij}$., dissolved in acid. hydrochlor. $\mathfrak{f}\mathfrak{z}\text{ij}$., diluted with $\mathfrak{f}\mathfrak{z}\text{ij}$. of water; of this add $\mathfrak{f}\mathfrak{z}\text{ij}$. to a pint of water, and give half an ounce or an ounce every hour or two.

In syphilitic diseases of the skin, iodide of potassium, DONOVAN'S solution, and ZITTMAN'S decoction are Mr. WILSON'S dependence. Of the latter he gives the recipe in full (p. 324). Its essentials are sarsaparilla, calomel and cinnabar.

Altogether, this book, with all its peculiarities, no doubt, represents very well the present state of cutaneous medicine. We may add, that the publishers, Messrs. Wood & Co., have issued it in good style, of binding as well as paper and typography.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 10, 1866.

CARE OF THE INSANE POOR IN COUNTY POOR-HOUSES.

That better provision should be made for the insane poor, especially for recent cases, which are at present not taken care of in regular hospitals for the insane, but placed indiscriminately with other paupers in county poor-houses, has repeatedly been urged by those who have interested themselves in behalf of this class of unfortunates.

The late Dr. SYLVESTER D. WILLARD, of Albany, New York, last year submitted to the Legislature of that State, a "Report on the Condition of the Insane Poor in the County Poor-Houses of New York," which is published in the Transactions of the Medical Society of the State, and forms so complete and exhaustive an enumeration of facts, that any one who chooses to read the report will be convinced that something should be done to ameliorate the condition of this class of men.

Nothing could afford stronger proof of the necessity of prompt legislative action to provide better means for the liberal accommodation and care of insane paupers, no logical arguments or persuasive eloquence could be better calculated to impress our minds with the urgency and absolute need of such action, than does the simple array of facts and statements contained in this report; and as the state of things therein described is to be met with elsewhere than in New York; as, indeed, a want of proper care and accommodation of this class of patients is to be found in nearly every poor-house of every State, it will not be improper if, in a rapid sketch of some of the main facts which Dr. WILLARD adduces, we call the attention of our readers to the subject, in the hope, to speak in the language of the report, "to direct attention to the misery and wretchedness that still exist, and to induce measures for its aversion in the future."

The committee, of which Dr. WILLARD was chairman, to accomplish its work of investigation thoroughly, prepared a series of questions, which were sent to medical men in each county, and to which pretty full responses were given from all the counties except four. We will glance at some of these responses.

Albany county.—155 lunatics in poor-house asylum; 14 died, 28 discharged during the year. The asylum was built to accommodate thirty-one lunatics; but there are confined in it, at date of

report, ONE HUNDRED AND THREE! This is the almshouse asylum of the Capital of the State. The yards for out-door exercise, etc., are for the male and female patients respectively, 53 by 90, and 84 by 102 feet, and barren, having neither shrub nor tree, bench or seat.

Allegheny co.—21 insane patients; none are without the privilege of coming to the open air every day, unless the keeper is absent; some of the cells are quite bad, and the atmosphere in them very bad. Vermin were found in some of the beds. A county physician averages a visit to the lunatics about once a month.

Broome co.—21 lunatics; 5 under constant restraint by handcuffs or otherwise; whipping seldom resorted to; only attended to by other paupers; vermin observed. Institution designed to accommodate but five insane.

Cattaraugus co.—17 insane; the violent locked up in a dark room; no bathing tub; in some beds two persons. Straw is used for bedding, and changed as often as it becomes foul. No attention paid to free ventilation or uniformity of heat in winter.

Cayuga co.—29 insane, among 75 paupers; house calculated for 30 persons; deficient ventilation. At time of examination, two cells were occupied, with one violent and destructive lunatic in each, filthy in a superlative degree, their excrements spread over the floor, on walls, and over their persons; with no means for ventilation or change of air, the stench at their cell-door was excessively offensive.

Chemung co.—8 insane of 48 paupers; no bath-tub, and no special attention paid to cleanliness, ventilation, or uniformity of heat in winter. Dr. MORSE says, "The condition of the insane paupers in Chemung county is deplorable in the extreme, and there is no adequate provision made to remedy the evil."

Columbia co.—27 lunatics, 127 inmates; inadequate supply of water; no bath-tub; cleanliness, ventilation, and uniformity of heat in winter not observed. Twelve sleep on straw, without bedsteads. Females have a change of undergarments every week; the males none; none had had stockings during the winter. No provision is made for medical treatment; they do not receive any medical attendance at all, nor care of any sort with reference to ultimate recovery. Confirmed lunacy and hopeless idiocy is the fate that threatens the unfortunate who passes this threshold.

Cortland co.—31 insane of 88 inmates; condition shockingly bad. No system of amusement or light occupation; close cells and straight-

jackets in violent cases; no full supply of water; usually two sleep in one bed; in one case three; in some instances sane and insane sleep together; atmosphere bad. "*The common claims,*" says the reporter, "*of humanity would seem to demand some regulations which will secure more attention to the physical comfort and moral training of each individual, and the special medical treatment of the insane.*"

Delaware co.—14 cells, in which 26 lunatics are confined. A hall runs on each side of the building, and in the middle are located the cells, after the style of a prison, which are 4 by 8 feet, made of rough material, the doors of rough hard wood plank, three inches thick, with a diamond hole in them, 7 by 9 inches, which is the only source of light and air! Beds are on the floor.

Erie co.—121 lunatics of 500 inmates. About 24 capable of labor. Straight-jacket and restraining chair in use; no full supply of water; no bath-tub.

Madison co.—25 insane of 94 paupers; no bathing tub; 18 sleep on straw, without bed or bedding. Straw changed once a week, and these lunatics, with their "bodies besmeared with their own excrements, not allowed to come daily to the open air, eating in the same filthy apartments, are not washed from one year's end to another." Cells 4 by 6 feet, with no ventilation. "A bad stench" issues from them. *Three males were in a state of nudity*; 14 had neither shoes nor stockings during the winter! Females wore only chemises.

Niagara co.—Straight-jacket, or leather muf, as restraints, and *whip sometimes used to enforce discipline.*

In *St. Lawrence co.*, *whipping* and confinement in cages is resorted to, to subdue the violent insane. At night ten are confined in a single cell; sexes not separated.

It is unnecessary to further enumerate this catalogue of shamefully inhuman treatment of the insane. It is only to be remarked that in nearly all these poor-houses, the reports state that *recent cases are admitted*, while there is not the least provision or care for medical, hygienic, and moral treatment, with a view to ultimate recovery. Can we imagine a system better calculated to furnish incurables than this? Can we expect recent cases to become anything else but confirmed under such circumstances?

One thousand three hundred and forty-five insane are confined in the poor-houses of New York in this manner, of which 386 are capable of more or less labor.

In the report Dr. WILLARD says:

"It not unfrequently happens that the most important plans for the advancement of either science or philanthropy must be approached and developed through the channels of political economy. To what extent, therefore, is it economy to give to the insane of every class the advantages of treatment in a well-managed asylum—in an institution conducted on principles of science? And to what extent is it a want of economy to place those who are mentally deranged in circumstances that tend to make them confirmed lunatics? It is not asked to what extent are these propositions humane, but in dollars and cents, what is economical. The following calculation is based on authentic statistics:

"For example: Of 100 cases of recent insanity placed under immediate care and treatment in a proper asylum, about 80 will recover, and the average period will be six months, at a cost of \$5 per week, \$130; add for transportation, \$20, making \$150 each, or \$15,000 expense to the State. But, argues the narrow-sighted official, 'they can be supported at the county house for \$1.75 per week.' It is true, and of the 100 cases about 70 will thus become confirmed lunatics, and the average duration of life will be 18 years, and the cost will be \$1,638 for each person, or \$114,660 for the 70. At \$2 per week the cost would be \$131,040. All this misery, and 70 incurables, with a tax of \$131,040, against 80 cured, with a tax of only \$15,000. Is the economy then in favor of the poor-house system of care?"

Fortunately for the interests of the State, and welfare of the insane poor, the appeal of Dr. WILLARD was not made in vain, for the authorities of New York had the good sense to act upon the suggestions of his report, in which the views of the medical profession are embodied, and have established an institution for the treatment of the insane poor, which they have with evident propriety called the "WILLARD ASYLUM FOR THE CHRONIC INSANE." This institution is located in the beautiful village of Ovid, on the borders of Cayuga Lake, and includes a large farm, which, in the employment it will give to the patients, will be an important adjunct in their curative treatment. The hospital and cottage plan of treatment are to be combined. Altogether, so far as has transpired, the institution will be a credit to the State of New York, and an enduring monument to the memory of him whose name is associated with it.

We trust that Pennsylvania, New Jersey, and other States, who are sending back their chronic insane from the state institutions to the county poor-houses, will emulate the example of New York, and place this class of unfortunates in a condition to secure their ultimate recovery.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

III.

Tetanus.

The 363 cases of traumatic tetanus recorded in the register for that subject, are all that have been reported during the war. The proportion to the total number of wounds is not large. In the Schleswig-Holstein war, STROMAYER had 6 cases among 2000 wounded. In NAPOLEON'S campaign in Egypt, in the Peninsular campaign, and in the revolt in India, the ratio appears to have been larger than this. Among 12,094 wounded, the British in the Crimea had 19 cases only.

Of the 363 cases, 336 terminated fatally. Of the 27 recoveries, the disease was of a chronic form in 23. In the 4 remaining cases, the symptoms were very grave. In 2, recovery took place under the use of opiates and stimulants; in 2, after amputation of the wounded part.

The great majority of the cases were treated by the free use of opium, conjoined with stimulants and concentrated nourishment. Chloroform inhalations were very generally employed during the paroxysms of spasmodic contraction. Subcutaneous injections of morphia and atropia were frequently used. Cathartics, quinia, camphor, cannabis indica, bromide of potassium, strychnia, belladonna, and aconite, are mentioned among the remedies employed. Cups, blisters, turpentine stupes, and ice, were among the applications made to the spine; and fomentations, with opium or tobacco, were in some cases applied to the wound. Amputation, division of nerves, and extirpation of neuromata in stumps, were the surgical means sometimes employed. The results have not modified the conclusion of ROMBERG, that "wherever tetanus puts on the acute form, no curative proceeding will avail, while in the milder and more tardy form, the most various remedies have been followed by cure."

Autopsies were made in many cases, but with almost negative results. It is frequently mentioned, that great congestion of the brain and spinal cord was observed, a condition on which the lesions of the connective tissue of the white medullary substance of the medulla oblongata, of the inferior peduncles of the cerebellum, of the crura cerebri, and of the spinal cord, producing a viscous mass, abounding in nuclei, and never progressing to the formation of fibres, are believed to depend.

The records abound with illustrations of the influence of sudden vicissitudes of temperature

in producing this fatal affection, and of the effect which unextracted balls and other foreign bodies, and matter confined under fasciæ, appear to exercise upon its development.

Secondary Hæmorrhage.

Of cases of secondary hæmorrhage, where the bleeding proceeded from a stump or from a gun-shot wound, 1037 cases have been examined and recorded on the registers. Of these 387 were cases of secondary bleeding from a stump, and 650 cases from gun-shot wounds of the first class, 233, or 60 per cent. ended fatally; of the second, the termination was fatal in 330 cases, or 51 per cent.

In the 1037 recorded cases, the femoral artery was ligated 93 times for bleeding from stumps, and 45 times for bleeding from wounds; the subclavian was tied 5 times for bleeding after amputation at the shoulder-joint, and 6 times for hæmorrhage from gun-shot wounds of the axilla. The common carotid was ligated 15 times for hæmorrhage from the deep branches of the internal carotid. Amputation was practised 78 times for secondary bleeding from gun-shot wounds; and re-amputation was performed 14 times, when other means of arresting hæmorrhage from stumps had failed.

Pyæmia.

On this subject 281 reports have been, and 251 special reports remain to be examined. The histories of 754 cases are recorded in the register, the post mortem observations accompanying a large proportion of the fatal cases. These number 719, or 95.35 per cent. Pyæmia supervened in 377 cases of gun-shot injury, in which no operation had been performed, and after 295 cases of amputation, of which 155 were cases of amputation in the continuity of the femur. The purulent infection was subsequent to excision of the shafts of long bones in 27 cases, and to excisions of joints in 28 cases.

These figures do not represent the frequency with which pyæmic poisoning has occurred. It has been one of the greatest sources of mortality after amputations, and its victims are to be counted by thousands. The small number of cases on the register are taken from special reports. The conclusion of a number of statistical reports on its treatment, are adverse to the therapeutic utility of the sulphites and hyposulphites in this disease.

A series of colored drawings, illustrating the embolic phenomena attendant on pyæmia, the metastatic dépôts, etc., have been prepared at the Army Medical Museum.

Our next will contain extracts from the report of Surgeon ORRIS, relative to surgical operations.

* Extracts from Circular No. 6. Dr. ORRIS' and WOODWARD'S Reports.

Notes and Comments.

Lime Inhalations in Diphtheritic Affections.

We have before referred to the fact (MED. & SURG. REPORTER, vol. xiii., p. 171,) that diphtheritic membranes are rapidly dissolved in lime-water. Dr. A. GEIGER, of Dayton, Ohio, has used the lime-water treatment in diphtheritic affections with great success. He sends us a vial of lime-water in which a diphtheritic cast of the trachea, *two inches in length*, which was expected by a patient of his, was *completely dissolved*. This can be seen at our office. Dr. GEIGER has treated several cases of membranous croup with *lime-water inhalations*—a much better plan in some respects than that recommended by KUCHENMEISTER. He simply places unslacked lime in a vessel and pours boiling water upon it, and lets the patient inhale the vapor. *The relief is almost instantaneous.*

Under date of Feb. 19th, Dr. GEIGER writes:

"I have, this morning, another triumph to record, in the lime treatment. I was called yesterday (Sunday) evening, to visit a boy about nine years of age, who was suffering from a severe attack of croup. The boy had been exposed on last Saturday, the 17th, that very cold day, and at night was taken with hoarse cough and fever, his parents, ignorant Germans, supposing it only to be a severe cold, relied upon their own remedies for his cure. Yesterday morning he was very bad, and continued to grow worse through the day. A neighbor coming in, informed them that the boy had the croup, and that they must send for the doctor immediately.

"A messenger came for me. Upon my arrival at the house, I heard the characteristic crowing sound as soon as I stepped from my buggy on to the sidewalk. When I entered the house, the family were around the bed crying, under the impression that the boy was dying. He sat up in bed, with his face and body suffused with sweat, each inspiration grated upon the ear with terrific warning that his end was fast approaching unless relieved.

"I gave him first a tablespoonful of syr. scillæ comp., to induce nausea. There stood upon the table a pint pitcher, which I filled one-third full of unslacked lime that I had brought with me, and poured over it hot water, and then had him place the mouth immediately over, or rather into the pitcher, and ordered him to make full inspirations. I retained it there for five minutes or more, when he seemed somewhat relieved. After waiting a few minutes, I gave another tablespoonful of hive syrup, and soon after repeated the lime inhalation, which I kept up for ten minutes, soon after this, he vomited; his breathing was easy, with the exception of occasional hoarse cough. I left powders of calomel and rhubarb, to be given every three hours, and also tinct. verat. viride, every three hours, and the lime inhalation to be repeated. I visited him

again this morning, his mother informed me that half an hour after I left last evening, he vomited again, after which he went to sleep and slept over two hours; that when he awoke, he had again the same hard breathing, that they used the lime inhalation for awhile, when he got easier and slept again. I find him much better this morning, there is no crowing sound in inspiration, still a hoarse cough, the fever is less, the symptoms all favorable, and I have no doubt of his ultimate recovery."

The Cattle Plague—"Rinderpest."

This scourge, which has proved so fatal in Europe, does not seem to have yet reached our shores. The disease in Montgomery county, in this State, reported to the legislature by Dr. HIRAM CONSON, would appear to be the pleuropneumonia, which prevailed so extensively in New England a few years ago—unless, indeed, that the rinderpest should prove to be identical.

It has been stated that the rinderpest is a diphtheritic affection, which would seem to account for another statement, viz., that *lime water has been found to be the best remedy for it.*

We trust that our readers will bear in mind that *lime water is a reliable remedy in diphtheritic affections*, and give it a trial, not only in the human subject, but in the lower animals, as opportunity may offer.

Artificial Limbs.

Complaint is made that the artificial limbs furnished for the use of the soldiers and sailors maimed in the war are badly made, and of little use; and Mr. TROWBRIDGE has introduced a resolution into Congress, calling attention to the fact. It is bad enough that these brave fellows should have suffered in the manner they did, but it is far worse to permit them to hobble about, as at present, with pain attending them at almost every step, because of the badly arranged legs they are compelled to wear.

BOOKS, ETC., RECEIVED.—A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits: cases and engravings. By WM. ROBERTS, M. D. Pp. 516. From H. C. LEA, Philadelphia.

Annual Report of the Surgeon-General, U.S.A., 1865.

Private Lunatic Asylums. (Printed—not Published.)

Dr. JEFFRIES WYMAN has resigned his place as Hersey Professor of Anatomy in Harvard College. It is understood that he takes a position in connection with the Boston Natural History Society.

Correspondence.

FOREIGN.

PARIS, January 20, 1866.

Treatment of Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

The last epidemic visitation of Cholera in this city has been prolific of interest in its medical treatment, as well as of its hygienic prevention, and as one of its results, I forward herewith a free translation of an article on the treatment of the prodromic stage of the disease, being the substance of a paper read before *l'Académie de Médecine* of this city.

Dr. Worms, its author, is Physician in Chief of the Military Hospital of Gross-Caillois, in Paris, and his experience is derived from the treatment of 150 cases of cholera, and 238 of confirmed cholera, during the recent epidemic, in addition to, and confirmation of, similar observations during that of 1849.

The idea herein set forth will probably be new to many of the readers of the *REPORTER*, and seems worthy of very careful consideration and trial.

Very Respectfully,

JOHN H. GRISCOM.

The study of the numerous cholera epidemics which have visited Europe within the last thirty-five years has not been sterile: it has furnished science with matter of incontestable importance.

One of its most precious gifts is the establishment, upon a positive basis, of its prophylaxis, and its relation to hygiene, in localizing the toxic element, its transmission by the matter of morbid dejections, and in signaling, as the most decided auxiliary of this poison, the emanations of animal and vegetable substances in a state of putrefaction, the gases from privies and from stagnant waters.

Another ascertained fact, and not less important, is, that sudden and severe attacks of cholera, without premonitory indications, are of very rare exception, and that in a great majority of cases a characteristic trouble of the digestive functions, and simultaneously of those of innervation and circulation, always precede for some time, and announce the invasion of the grave form of cholera. It is impossible not to admit that these prodromic troubles (justly entitled cholera) are the effect of the slow and gradual action of the toxic agent, which has not yet formed, either in the local circumstances, or in the individual predisposition, sufficient elements for its full extension, or the display of its full power.

It is this preliminary phase of the malady, wherein its vitality has been, so to speak, only grazed, that the stomach does not yet refuse to

receive and to absorb the medicaments, which offers to the curative art its true field for the development of its power, and it is especially concerning the treatment of this premonitory phase that I ask the Academy to permit me to expose briefly the results of my observations.

The ordinary practice in these cases consists in prescribing repose, diet, the use of warm and aromatic drinks, some diaphoretics, and in the last place bismuth, or opium, either pure or in the form of DOVER'S powder; but when the epidemic influence has become very decided, the employment of these means is far from being followed by success, and the success, when it is obtained, has often little duration. I have so often seen cholera pass into cholera during the treatment by opiates, that in cholera times I cannot overcome the dread of opium.

Besides, when this medicature arrests the dejections, the stomach frequently remains embarrassed, and the patient feels no return of strength or appetite.

On account of circumstances such as I have described, finding myself at the close of the epidemic of 1849 at the end of ordinary resources, I had recourse to a new and totally different medicine, which was mentioned in a letter addressed, July 7th, to the *Gazette Médicale*, of which letter I ask permission to reproduce a brief passage: "In the last half of the month of June, when I was no longer charged with cholera service, it happened to me to receive, on the 13th and 14th, seven men who had diarrhoea, some of four, and some of eight hours duration. According to my habitual practice, I gave them an emetic (of two grammes of ipecac), and potions of two grammes of laudanum, also amygdaceous and opiate lavements; but so far from seeing any amelioration follow this treatment, which has always succeeded with me in ordinary times, I must confess to an alarming aggravation to the alvine dejections, which were frequent. Vomiting was added, the evacuations assumed the choleraic character, the voice began to grow feeble and to diminish, the pulse became almost imperceptible, and the characteristic alteration of the face left no doubt of the nature of the affection.

"This is one of those forms of cholera often met with among feeble subjects, at the commencement or the end of epidemics.

"I immediately placed all those patients upon the use of *mineral lemonade* (giving them a double dose of acid), and suppressed all other medicines.

"The effect was most striking: the very next day the countenances were ameliorated, the dejections were diminished, the skin became warm, and I found in place of a slender and almost imperceptible pulse, one well developed and resistant, announcing a remarkable return of vitality.

"Three of these patients have left the hospital, and the other four eat from a half to three quarters of their allowance.

"This I wrote in July 1849. Since that time,

in the visitations of the cholera in 1853 and 1854, I have been enabled to apply to a much larger extent, in both the prodromic diarrhoea, and grave cholera, the method of treatment of which, in 1849, I had made but an insufficient essay.

"The success, as far as cholera is concerned, has surpassed my expectations, the diarrhoeas, accompanied or not by vomitings, being arrested and cured with a promptitude altogether surprising. One may see, so to speak, the pulse rising, the skin becoming warm, the strength and appetite returning at the same time, and in a few days the patients finding themselves in a condition to return to duty.

"This result was so soon manifest, that all the poor consumptives of my wards importuned for the same prescription of *mineral lemonade*, hoping from it the same efficacy from their colliquative diarrhoeas."

Later still I have had occasion to prove the infallible fidelity of this simple means, and my most ardent wish is to see it in general use.

I earnestly implore my honorable colleagues who hear me, not to regard me as influenced by an unreasonable enthusiasm, which would be wrong in a practitioner of my age; that they will suspend their judgment on the subject; the occasions for experimentation are not wanting at this moment, and I fear that they will become too numerous. Two, three, at most four *grammes** of sulphuric acid, with a thousand grammes of water, or a mucilaginous vehicle with one hundred and fifty grammes of simple or raspberry syrup, makes a drink as agreeable and innocuous as ordinary lemonade, and furnishes at the same time a medicine cheap, easy of preparation, and everywhere accessible.

And when, as I have so often proved, my colleagues will have been able to convince themselves of the marvellous rapidity with which this lemonade arrests the evacuations, raises the pulse and the nervous system, warms the skin, and gives to the patient the feeling of health, I doubt not that they will participate in the confidence with which its long usage has inspired me; as moreover these diarrhoeas are very evidently only an attenuated expression of the epidemic influence, they will naturally come to the conclusion that a medicament so powerful against cholera, should not be indifferent in confirmed cholera.

To repeat here the mode of my practice; in cases of prodromic diarrhoea, and according to the greater or less gravity of the case, I add 3, 4, or at most 5 grammes of concentrated sulphuric acid to a kilogramme† of a sweetened decoction of saleg.

The patient takes every hour a glassfull of this lemonade, and rinses his mouth two or three times after drinking it. It is seldom that four glasses are required.

I permit the simultaneous use of the white wines, or of champagne, but I expressly proscribe the use of beer, brandy, and alkaline mineral waters during the epidemic.

As to confirmed cholera, my practice is almost equally simple.

The patient is kept in the most complete repose. Shampooing is practised only during the pain of cramps, every half hour a glass of the lemonade (of from five to ten grammes of acid to a litre*) is administered, taking advantage of the moment immediately after vomiting. He takes, besides, at discretion, wine and ice.

I think it useful to remark that the lemonade, which has a great power to suspend the alvine evacuations, produces a contrary effect upon the vomiting, increasing its frequency and duration; but this prolongation is not unfavorable, and is generally an indication of a happy termination.

DOMESTIC.

Hip-joint Disease—Scrofulous Abscesses.

EDITOR MEDICAL AND SURGICAL REPORTER:

Michael Parrish, aged 34 years, by occupation a cooper, but more recently a farmer, complained of a sudden pain in his right knee and hip joints about five years ago, when his physician treated him for acute rheumatism. Patient says the pain continued for about a year, and felt like bees stinging him, when a large abscess was discovered immediately over the trochanter major of the right side, which suppurated. About a pint of pus was discharged. The usual remedies were resorted to by his physician, but the health of the patient, which previous to this time had been good, became enfeebled, and several abscesses began to form on the dorsum ilii and thigh. The limb by this time was beginning to shorten, with eversion of the toes, inability to move the limb, etc. About four months ago the left side, or hip joint, became affected as the right had been, two abscesses having formed near the joint, and suppurated; but patient complains of soreness—with some stiffness. Myself and Dr. HANSHAW, of this place, were called to see the patient, September 20th, and found him very feeble, being much emaciated. Complains of severe pain in his left knee—which presents a normal appearance. There is ankylosis of right hip-joint, with $3\frac{1}{2}$ inches shortening, and very great emaciation of the thigh.

Sept. 29th. I introduced a seton, which has relieved the patient of pain and stiffness of the right side; also gave tonics, and iodide of potassium, with strict antiphlogistic regimen, which is promising a favorable recovery.

Oct. 5th. Patient generally very much improved. Find some pus burrowing in the muscles of the thigh; when I made an incision at the middle third of the thigh of left side, and

* A gramme is about $15\frac{1}{4}$ grains, Troy.

† A thousand grammes, equal to two pounds, eight ounces, one drachm, and twenty four grains, Troy.

* A litre is a fraction over two pints.

about four ounces of pus was evacuated; ordered a bandage to be applied, continued the other treatment, and painted thigh with tinct. iodine.

To-day (Oct. 9), I met patient in town, who reports that he feels quite easy, and can get along with the aid of a crutch quite well.

H. S. HANNEN, M. D.,

Late Assist. Surg., U. S. A.

Ellenboro', West Va.

Quackery.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the REPORTER of December 30th you have a much admired article on "Quackery and the Religious Press." I have for some years been a subscriber to the *New York Independent*, but the day I read the article, you refer to, on homoeopathy, contained in that paper, of December 7th, I ordered the Editors to no longer send it to me. We have not the patience to read a paper, the editor of which will so prostitute the press, and deceive many of his readers by publishing lying articles, and notices of quack nostrums. The "*Independent*" publishes to the world as a fact, that homoeopathy saves 91 in 100 cases of cholera, and "allopathy" only 68 in 100, and calls these not only facts, but "reassuring facts," and says, "the wise will heed them." The homoeopathic quack presents what he calls statistics to establish his false operations. If the "*Independent*" believes what his correspondent says, we can instruct him how to make a fortune, and it will be equally as honorable as puffing quack doctors and quack nostrums. We advise him to get a large box of small sugar pills—have a variety of colors—put each color in a nice little vial, separately; place these sugar pills in a fine pocket case, get a few books, go to a strange city, talk metaphysical physic, look wise, and frequently refer to the cholera statistics of his correspondent; get his vials neatly labelled, arnica, pulsatilla, platina, mercurius, etc., etc.; buy a fine carriage and two fancy horses, a gold lettered poster placarded on his vehicle, announcing the arrival of the great "*Ruler of Disease*"—the successful "*Cholera Doctor*!" "91 cases in every one hundred cured!" Drive up and down the streets shouting at the top of his voice the praise of his matchless remedies—occasionally changing the monotony of the scene by grinding a hand organ. The gulled and gaping multitude will rally around you, and your coffers will soon be filled. The honor of your vocation will then, not only be proclaimed through the silent columns of your paper, but with the tongues of the people.

Truly Yours,

F. R. PAYNE, M. D.

Marshall, Ill., Jan. 1866.

News and Miscellany.

ANNUAL COMMENCEMENTS.

Bellevue Hospital Medical College.

The Fifth Commencement of this Institution was held at the Academy of Music on Saturday, February 24th.

The following are the names of the graduates:

Nova Scotia.—Bowland M. Nelson, Dan. G. McKay, John Sommers, Thomas Walsh.

Canada West.—John Dugal McLeary, George Mitchell, Robert Smith McAlpine, Geo. Burnham, Frank Harrison, John Sinclair, Thos. Wilde, Joseph Jarvis, Milton H. Starr, Norman Asa Smith, Loran Lester Palmer, Duncan McMurchie, Frederick C. McCallum, Henry E. Vaux, Jacob Baxter.

Maine.—John Warren Finkham, John Peavey Kee, Levi Edwin Holmes, Thos. Dick.

New Hampshire.—Elias Craig Neal, J. Lysander Eaton, Ed. T. Marsh.

Vermont.—Dean Gustavus Kemp, William Burroughs Hazard.

Massachusetts.—Henry B. Stoddard, Edgar H. Congdon, John Winslow, Levi Lewis Dorr, Isaac L. Bond, John Jackson Orton, Alonzo Lewis, Charles H. Perry, James B. Brewster, James Farrer Stone, Alfred Otis Treat.

Rhode Island.—Louis Phillipe Griffin, Francis N. Braman.

Connecticut.—Arthur Wells Smith.

New York.—I. De Forest Nichols, James Beglow, Fred. A. Crane, Elisha Hall Bridges, Lemore Zabrickie, John Wells James, Julius Augustus Post, Chas. Willard Hamlin, Jonas Jones, C. Austin Davendorf, Nathan Tucker, A. Raymond Barton, Daniel Res Porter, John Henry Harris, Josiah Cook Darling, William Scheide, Lervy Milton Yale, John W. Menamy, Frederick A. Castle, Frank Ring, Samuel Holman, Foster Thayer, B. Newton, Hillem Fay Bennett, John Elsner, Theo. De C. Miller, Edwin P. Brown, Chas. E. Cook, Harry Daniel Bullard, Theo. Wirtler, Joseph E. Gray, John Wm. Freeman, Charles Isham, Emerson C. Angell, Enos Taylor Lasell, Charles Gould Clark, William W. Root, Henry Bigelow Allen, Wm. Osborn Taylor, Joseph W. French, Leonidas V. Winston—41.

New Jersey.—John Thos. Fritz, Julius M. Simpson, Geo. W. Terriberry, Geo. T. Ribble, James Oscar Green, Fredk. Wash. Dunker, Isaac Jones Wells, Geo. Wm. Coit—8.

Pennsylvania.—David Miller Anderson, Henry John Durant, Edward Peter Miller, Constantine H. Martin, Nathan Jackson, Francis M. Pearsall, Edwin S. Umbstaeter, Thomas M. Kennedy, Edward H. M. Sell, Andrew J. Snively, Hiram M. Birchard, Joseph Benson Parker, Abram H. Stickler, William D. Troxler, Leonard Kelley—15.

Ohio.—F. Fletcher McLeary, John Joliff Scribner, Seth Martin Benep, Andrew J. Manville, Joseph L. Gilbert, Ludwell G. Thacker, Jacob B. Casbeer, Henry Clay Newkirk, Geo. Kennon Taylor, Henry C. Wise, Benj. F. Culver, John Robison Gamble, Thomas M. Coleman, John Herman Luken, Alfred Hamilton Idings, Josiah Reed, Eugene B. Pratt—17.

Indiana.—Alfred McKeenan, John Scott Price, John Plutarch Avery, Stewart C. Pitcher, William Henry Brenton, William J. Elatun, James P. Wallace, Joshua W. Underhill, Madison Hall Rose, Jonathan Kersey, Joseph Jones, John Miles—12.

Illinois.—Geo. Read Skinner, Reuben Woods, Joseph W. Caldwell, Abalom B. Stuart, Alex. Williams, Smith Hamilton Hess.

Michigan.—Jonathan S. Rouse, Samuel Beach Friel, Garrett R. Baldwin, Henry Brooks Baker, Alex. R. Shank.

Iowa.—Orville B. Thompson, Phillip F. Harvey, Geo. E. McCosh, J. M. O. Snyder, Samuel Whitten.

Wisconsin.—Milton Henry Hanks, James A. Jackson, Reginald M. Reynolds.

Missouri.—Byron S. Howard, William H. Renick, William Lee Barrett, Robert Johnson, Edward West Smith, Charles H. Abbott.

Kentucky.—Dewitt Clinton Parker, H. McIlvaine Pearce, David Bennett, Henry Clay Lloyd, Thomas L. McDermott.

Virginia.—Joseph A. Gale, Douglass Cor. Cannon.

Maryland.—Thos. Jefferson Augustine.

South Carolina.—Elliott V. Stedman.

Cuba.—Sebastian Amahil.

Panama.—John A. Wegg.

Dental Colleges.

The Pennsylvania College of Dental Surgery held its annual commencement on the evening of the 1st inst. There were thirty-six graduates. The valedictory address was given by Dr. JAMES TRUEMAN, Professor of Dental Physiology and Operative Dentistry.

The third annual commencement of the Philadelphia Dental College was also held on the 1st inst. There were sixteen graduates. The valedictory address was delivered by Prof. J. FOSTER FLAGG, which was responded to by one of the class.

In the evening, the annual commencement party was held. A very pleasant feature of the entertainment was the presentation of a superb gold-headed cane to Prof. GARRETSON. The matter had been kept secret by the fifty students who had subscribed to the testimonial, and the presentation was most gracefully made. Dr. GARRETSON responded impromptu, but most felicitously, and was heartily applauded.

New York Ophthalmic School and Hospital.

The fourteenth annual commencement of this institution was held on Friday evening, February 23d, in the large chapel of the University. Diplomas were presented to the following graduates:

Wm. S. Ely, Saml. W. Crawford, Edward Chas. Evans, T. Frazer Rumbold, H. Henderson, Chas. A. Hart, Wm. G. Bryson, Norton G. Sands, Robt. P. Jump, Geo. A. Tye, Geo. McKay.

Addresses were made by Rev. Dr. MATHEWS, and Mr. Wm. S. ELY, one of the graduates.

This institution is in a prosperous condition. The last annual report of the Board of Surgeons says:

"During each week-day through all the year, three of these surgeons have been in attendance from one to two hours in the afternoon, to give their services to the poor suffering from diseases of the eye, and at the same time to impart instruction to the large number of medical men and students of medicine."

The institution has insufficient room, and ought to be able to expend as much as \$100,000 in

erecting a suitable edifice. It is the intention of the managers to make the hospital free for any poor man, woman or child in New York State who applies for relief, without regard to nativity, religion, or any other consideration.

Had the hospital not received during the past year very liberal aid from the City and State authorities, the managers could not have kept the patients supplied with medicines and other necessities. Patients apply from all parts of the State, and many are cured. Thus the hospital saves the City and State from a debt in advance, for the blind must be supported if destitute.

The following is a list of medical officers connected with the institution:

Consulting Surgeons.—David L. Rogers, M. D., Prof. Alfred C. Post, M. D., Prof. Frank H. Hamilton, M. D.

Attending Surgeons.—John P. Garrish, M. D., No. 40 West Twenty-first street; Marcus P. Stephenson, M. D., No. 383 Broome street; Wm. Frederick Holcomb, M. D., No. 20 East Twenty-fifth street; Ebenezer Macfarlan, M. D., No. 154 West Forty-third street; Giovanni Ceccarini, M. D., No. 38 Tenth street; John Murray Carnochan, M. D., No. 14 East Sixteenth street.

Apothecary.—E. Dupuy, No. 387 Fourth avenue.

The Cholera in the West Indies.

A Havana correspondent of the *New York Times* writes, under date of Feb. 24th:

According to accounts received at Santiago de Cuba from the French West Indies, the cholera still continued at Guadaloupe, committing great ravages, the number of deaths up to Dec. 31, was as follows: Pointe-a-Pitre, 1200; Basse-Terre, 2000. In thirteen communes of Guadaloupe the number of deaths was 6500. In Grand-Terre, in twelve communes, including Marie Galante, 12,200.

The last accounts to the 17th, say that the cholera was markedly diminishing in Guadaloupe, but had made its appearance in Dominica.

The Committee of Commerce and Agriculture of Martinique had ordered that vessels arriving with cattle from Porto Rico should be subjected to quarantine on account of its being known that some cases of pleuro-pneumonia had appeared in that island among the cattle.

Contagiousness of Cholera.

Dr. JULES WORMS states that the number of resident patients in the Parisian hospitals who were attacked by cholera in 1849, was 33 per cent. of the number admitted suffering from cholera; in 1854 it was 44 per cent. In the *Charité*, 89 home cases occurred for every 100 received, in 1849; and in 1854, 94 for every hundred. BAIQUET states, that before October 9, 1854, no case of cholera had occurred at la Charité. On the 9th and 14th, two cholera patients were received, and from the 15th to the 19th, eight cases of cholera broke out in patients placed near to one or other of the cholera cases. In the wards of

M. RECAMIER, a patient died of cholera. The next six patients who occupied his bed were seized with cholera, while in the hospital, and died with it.

Literary Men and Doctors.

It is pleasant to record the fact that nearly every literary man and woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labors without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir JAMES EYRE, M. D. Unfortunately, I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir JAMES called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer; "but let me tell this fact to you. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a physician Providence sent to THOMAS HOOD.—*Hall's Biography of T. Hood.*

— San Francisco, California, with a population of 119,000, has 58 apothecaries and 248 physicians.

— A Paris letter says that when the inventory of Dr. JOBERT DE LAMBAILLE's property was taken, the inventory-maker found an immense box filled with a multitude of little paper-packets, each containing the fees offered the celebrated surgeon by his office patients; the sums of money they contributed varied from 20f. to 100f. It took two days to unfold them; they contained 7000 silver franc-pieces and \$50,000 in gold; there were, besides, \$50,000 in bank notes, and \$200,000 of French Three's. No kindred of Dr. LAMBAILLE have been discovered, except some very distant relations—poor creatures who earn hardly their daily bread as journeymen bricklayers. "We heap up riches, and cannot tell who shall gather them."

— Dr. EVANS, the celebrated American dentist in Paris, has just been made an Officer of the French Legion of Honor. During his stay in Europe, he has received decorations and honors from almost every monarch on the continent. He is Commander of the Orders of St. Ann and St. Stanislaus, of Russia; Commander of the Orders of L'Osmaine and Medjidie, of Turkey, of the Order of Frederick of Wurtemberg, of the Order of Lachringen of Baden; Officer of the Crown and Red Eagle of Prussia; of the Oaken Crown of Holland; of St. Michel, of Bavaria; of St. Maurice and St. Lazare, of Italy, and of the Savior of Greece.

MARRIED.

BATCHELLER—HIBBEN.—In West Newton, Pa., Feb. 14th, by Rev. O. H. Miller, Dr. J. S. Batchell, of Massillon, Ohio, and Miss Isabelle Hibben, of West Newton.

BERNHARDT—MATTHEWS.—February 12th, at Petersburg, Va., by Rev. Churchill J. Gibson (Rector of Grace Church), Dr. Morris Bernhardt, of New York, and Miss E. Augusta Matthews, of this city.

CROWTHER—SISSON.—Feb. 21, in Chillicothe, Ohio, by Rev. Mr. Biggs, Henry Crowther, of Leeds, England, and Miss Cornelia A. Sisson, daughter of the late Dr. Sisson, of Columbus, Ohio.

JOHNSON—PARKER.—In Holliston, Mass., by Rev. J. T. Tucker, Anthony J. Johnson, M. D., of Cambridge, Ill., and Miss Fidelia Parker, of Holliston.

MCCORMICK—WILSON.—Feb. 13, in Georgetown, D. C., by Rev. Dr. Tustin, Charles McCormick, M. D., and Miss Mary L. Wilson, all of Georgetown.

STOCKTON—HAPPER.—At Albany, Ill., Feb. 15th, by Rev. J. Coon, Dr. E. A. Stockton, of Oregon, and Miss Mary Jane Happer, of Albany.

WATKINS—RICE.—Feb. 22d, by Elder G. W. Rice, in Warren county, Ohio, Harrison C. Watkins, M. D., and Miss Sallie T. Rice, both of Warren county.

WILLIAMS—CHAMPLIN.—At New Brighton, Pa., Feb. 20, by Rev. B. C. Critchlow, Henry O. Williams, of Memphis, Tenn., and Miss Fannie, daughter of Dr. Will Champlin, late of Memphis.

DIED.

EADIE.—At Port Richmond, Staten Island, Feb. 28, Eliza R., wife of William G. Eadie, M. D.

EDWARDS.—In New York, March 1st, 1866, Harriet Amelia L., daughter of the late Benjamin B. Edwards, M. D.

GOULD.—In Lynn, Mass., Feb. 27, of congestion of the lungs, Dr. Abraham Gould, aged 69.

MERRELL.—At Geneva, N. Y., Feb. 24th, in the 36th year of her age, Mrs. Anna E. Merrell, wife of Dr. Andrew Merrell, and eldest daughter of Rev. F. E. Cannon, D. D.

ANSWERS TO CORRESPONDENTS.

✂ The following books are out of print:

DA COSTA, Medical Diagnosis.—New Edition preparing.

HASSAL, on the Urine.

LALLEMAND, on Spermatorrhoea.

CHAYASSE, Advice to a Mother.

Dr. B. D. K., Tolono, Ill.—We can procure the cupping-glass you describe (Druitt's Surgery, p. 604, note). The cost will be 75 cents each.

Flint's Practice is published, price \$7, bound in leather.

Dr. J. W. C., Evansville, Ind.—Pereira's Prescription Book, sent by mail, February 27th.

Dr. W. H. D., Belvidere, N. J.—Ashton on Rectum, sent by mail, February 28th.

Dr. S. F. B., Reading, Pa.—Bound Vols. IX. and X. of REPORTER, sent by Express, February 27th.

Dr. W. R. B., Livermore, Pa.—Slade on Diphtheria, sent by mail, February 28th.

Dr. I. H. D. K., Seaford, Del.—Tanner's Practice of Medicine, sent by Express, February 28th.

Dr. S. Y., Auburn, Me.—Antoine Ruppner on Hypodermic Injections, sent by mail, February 28th.

Dr. E. M., Winterport, Me.—Dunglison's Dictionary, sent by Howard's Express, February 28th.

Dr. J. D. L., Columbia, S. C.—Flutina, sent by Express, February 27th.

Dr. H. S. D., South Coventry, Conn.—U. S. Dispensatory, U. S. Pharmacopoeia, Wilson on Skin, Text and Plates, sent by Howard's Express, February 28th.

METEOROLOGY.

Feb. 1866.	19.	20.	21.	22.	23.	24.	25.
Wind.....	S. E.	W.	S. W.	S. W.	S. E.	S. E.	N. W.
Weather.....	C'dy.	Clear.	Clear.	Clear.	C'dy.	Clear.	Clear.
Depth Rain.....	2 in.					1 in.	
Thermometer.							
Minimum.....	34°	28°	22°	23°	29°	30°	27°
At 8 A. M.....	40	37	36	33	35	54	37
At 12 M.....	44	41	45	50	56	59	36
At 3 P. M.....	42	44	47	49	58	60	35
Mean.....	40.	37.50	37.50	40.	44.10	50.75	33.75
Barometer.							
At 12 M.....	29.6	31.2	30.6	30.7	30.3	29.9	30.3
Germanstown, Pa.				R. J. Lamon.			